



## APPLICATION DATA SHEET

### Application Information

Application number:: 10/589,487  
Filing Date:: 08/15/2006  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?::  
Computer Readable Form (CRF)::  
Number of copies of CRF::  
Title:: DIAGNOSTIC MARKER FOR CANCER  
Attorney Docket Number:: 27581U  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggest Drawing Figure::  
Total Drawing Sheets:: 10  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed U.S. Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

### Applicant Information

Applicant Authority type:: Inventor  
Primary Citizenship Country:: AU  
Status:: Full Capacity  
Given Name:: Michael  
Middle Name::  
Family Name:: CAHILL  
Name Suffix::  
City of Residence:: Lörzweiler  
State or Province of Residence::  
Country of Residence:: DE  
Street of Mailing address:: Weinbergstrasse 34  
City of mailing address:: Lörzweiler  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 55296

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: AT  
Status:: Full Capacity  
Given Name:: Helmut  
Middle Name::  
Family Name:: KLOCKER  
Name Suffix::  
City of Residence:: Inzing  
State or Province of Residence::  
Country of Residence:: AT  
Street of Mailing address:: Ziegelstrasse 46a  
City of mailing address:: Inzing  
State or Province of mailing address::  
Country of mailing address:: AT

Postal or Zip Code of mailing address:: A-6401

**Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: AT  
Status:: Full Capacity  
Given Name:: Hermann  
Middle Name::  
Family Name:: ROGATSCH  
Name Suffix::  
City of Residence:: Klagenfurt  
State or Province of Residence::  
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#### Representative Information

|                                  |        |
|----------------------------------|--------|
| Representative Customer Number:: | 020529 |
|----------------------------------|--------|

#### Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
|               |                   |                      |                      |
|               |                   |                      |                      |

#### Foreign Priority Information

| Country:: | Application number:: | Filing Date::    | Priority Claimed:: |
|-----------|----------------------|------------------|--------------------|
| EP        | PCT/EP2005/001567    | 16 February 2005 | Yes                |
| DE        | 10 2004 008 449.1    | 16 February 2004 | Yes                |
| DE        | 10 2004 038 076.7    | 29 July 2004     | Yes                |

#### Assignee Information

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